

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
GENERAL NURSING SCIENCE DEPARTMENT
FINAL EXAMINATION
DECEMBER 2016**

COURSE NAME: SEXUAL AND REPRODUCTIVE HEALTH

COURSE CODE: GNS 319

TOTAL MARKS: 75

DURATION OF PAPER: 2 HOURS

INSTRUCTIONS: ANSWER ALL QUESTIONS

EACH FACT IS WORTH 1 MARK

WRITE LEGIBLY

DO NOT OPEN THE PAPER UNTIL INSTRUCTED BY THE INVIGILATOR.

Question 1-10, select the most appropriate response. Eg. 1- D

QUESTION 1 [10]

1. According to the Swaziland Demographic and Health Survey (2007), the Maternal Mortality Rate in Swaziland is:
 - a. 88/100 000 live births
 - b. 589/100 000 live births
 - c. 370/100 000 live births
 - d. 288/100 000 live births

2. This type of breast cancer often start from ducts and spread to the nipple and surrounding areas, and frequently presents with itching and burning.
 - a. Adenoid cystic cancer
 - b. Inflammatory breast cancer
 - c. Invasive ductal carcinoma
 - d. Paget's disease of the nipple

3. In which stage of cervical cancer is the involvement of the urinary bladder?
 - a. Stage 4
 - b. Stage 2B
 - c. Stage 3B
 - d. Stage 3

4. The treatment for cryptorchidism is:
 - a. TURP
 - b. Orchiectomy
 - c. Manipulation under anaesthesia (MUA)
 - d. Orchiopexy

5. Reproductive system factors that cause infertility in women include the following:
 - a. Endometriosis, fibroids, cancer of the cervix, PID, low sperm count
 - b. Leiomyomas, previous tubal pregnancy, PID, erectile dysfunction
 - c. Uterine Polyps, Ovarian Cysts, PID, Gonorrhoea, Fibroids
 - d. Abdominal Surgeries, Ectopic pregnancy, smoking, alcohol

6. The hormones that most directly affect sexual behaviour are produced by the:
- Pituitary gland
 - Adrenaline Gland
 - Gonads
 - Pheromones
7. The inability to attain an erection and the absence of vaginal swelling and lubrication are classified as:
- Sexual desire disorders
 - Sexual arousal disorders
 - Erectile dysfunction
 - Vaginismus
8. According to the MEC, the IUCD CuT is contraindicated in the following **EXCEPT** for:
- Liver Cancer
 - Bp above 160/90mmHg
 - Current STIs or PID
 - Cervical cancer
9. The risks associated with testosterone therapy include the following **EXCEPT** for:
- Sleep apnoea
 - Enlarged prostate
 - Depression
 - Increased RBC count
10. One of the statements is **NOT TRUE** of Emergency Contraception:
- EC can work even when the woman is already pregnant
 - EC prevents or delay ovulation
 - EC inhibits or slows down the movement of the ovum or the sperm through the fallopian tubes
 - EC can only be used after unprotected sex.

11. As a nurse in charge of a new clinical facility, draft a working plan of how you could comprehensively provide SRH services in your clinic. [15]

QUESTION 2 [25]

2.1 Sibusiso is a 32 years old male who loves festivities. His fiancée, Nolwazi is worried about his social lifestyle since he spends most of his time in night clubs, parties and bars. At work, he has been absconding on Fridays for the past 3 months and lately (for the past 3 weeks) he has been missing Mondays too. He hardly spends time in his house and he's easily caught up in fights and violence.

- a. Discuss four (4) possible SRH issues that you anticipate Sibusiso and Nolwazi might experience should they marry? [12]

b. With increased availability of the internet and entertainment media, pornographic materials are becoming easily accessible at a click of a button. There are varying in literature; some view pornography as harmful, thus in favour of censorship, others see pornography as positive. Discuss the SRH issues concerning pornography, and its effects on individuals' and couples' sexual and reproductive health. [6]

2.2 From your understanding of the Sexual and Reproductive Health programme in Swaziland, outline the you how you would ensure that you provide an effective **Adolescent and Youth Friendly SRH** programme in your facility? [7]

QUESTION 3**[25]**

Nomsa is a 15 years old from MDS High, brought by a teacher and her close friend into the OPD complaining of severe vaginal bleeding and lower abdominal pain. She tells you her LMP was 4 months ago but she does not know what happened. With further history taking, you learn from her friend that she had not accepted the pregnancy and she has taken some concoction. She was rushed to theatre for Dilatation and Curettage then admitted in ward 13.

- 3.1 Discuss how you would comprehensively care for Nomsa whilst admitted in ward 13 to ensure that she receives quality SRH care. **[7]**

Mrs Ngozo (37) came to the facility complaining of itchy growths on her vulva. She suspects that she is pregnant because she has had all the “nasty symptoms of pregnancy” which include morning sickness and now she has started feeling foetal movements. She reports that she has Jadelle in situ and was inserted $2\frac{1}{2}$ years ago. She has been on ARV therapy which includes AZT, 3TC and EFV since 2008. On examination, Height: 1.4m, Weight 88.5kg, BP 140/88 mmHg, mild pallor, genital warts with slight but offensive vaginal discharge. Abdomen: Palpable abdominal mass, Pregnancy test: positive.

- 3.2 Identify and explain 2 conditions that could have led to her pregnancy while on long-term contraceptives. **[4]**
- 3.3 Outline how you would comprehensively manage Mrs Ngozo. **[8]**
- 3.4 Compare and contrast Jadelle and Implanon. **[6]**